Effective October 1, 2003												5
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			71					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			71 minus 20=		• 5/			X\$ 9=	459	OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		<b>2</b> .			X43=	86	OR	X86=	
M	LTIPLE DEPEN	IDENT CLAIM PI	IESENT ·					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						į	TOTAL	930	OR	TOTAL		
CLAIMS AS AMENDED - PART (I (Column 1) (Column 2) (Column 3)								SMALL I		OR	OTHER SMALL E	
NTA		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID I	EST BER NUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	· .	RATE	ADDI- TIONAL FEE
AMENDMENT,	Total	• 71	Minus	**	71	. —	$\vdash$	X\$ 9=		OR	X\$18=	
MED	Independent	• 5	Minus	***	5	•	Н	X43=		OR	X86=	
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=		OR	+290=	
								TOTAL DOIT, FEE		OR	TOTAL ADOIL FEE	
/ / (2 3 (0 (Column 1) (Column 2) (Column 3)										,		
MTB		CLABUS REMAINING AFTER AMENDMENT		HIGH MUMA PREVIO PAID	EST BER WSLY	PRESENT EXTRA		RATE	ADDI- TIONAL' FEE		RATE	AODI- TIONAL FEE
AMENDMENT B	Total	.71	Minus	<b>~</b> 2	/	• 0	brack  brack	X\$ 9=	0	OR	X\$18=	
	independent	•:5	Minus	<b></b> 5		· 0		X43=	.0	OR	X86=	·
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	O.	OR	+290=	
								TOTAL VODIT, FEE	0	ОЯ	ADDIT, FEE	· .
		(Column 1)										
NT C	`	CLAIMS REMAINING AFTER AMENOMENT		HIGH MUM PREVIO PAID	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE.	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		<b>.</b>		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	443		-	4	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<b>ا</b> د	+145=		OR	+290=	
-	<ul> <li>If the entry in Column 1 is less than the entry in column 2, write "V" in column 3.</li> <li>If the Tilghest Humber Previously Pald For IN THES SPACE is less than 20, enter "20."</li> </ul>									OR	TOTAL ADDIT. FEE	
on it the "Highest Humber Previously Paid For" IN THIS SPACE is less than 30, enter "30."  ADDIT, FEE												
FORM PTO 475 (Flex, 1000) Petert and Trademath Office, U.S. DEPARTMENT OF COLUMN												FOOLERENCE

Application or Docket Number